



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Pablo	Christopher	G.	(808) 432-4982
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1441 Kapiolani Blvd., 17th Floor	Honolulu	Hawaii	96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Kaiser Foundation Health Plan, Inc.	(808) 432-0000
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
3288 Moanalua Road	Honolulu Hawaii 96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Christopher G. Pablo	(808) 432-4982
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1441 Kapiolani Blvd., 17th Floor	Honolulu Hawaii 96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Christopher G. Pablo
(Signature of Lobbyist)

Jan 23, 2003
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jan Head	President
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kaiser Foundation Health Plan, Inc.	(808) 432-7802
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
3288 Moanalua Road	Honolulu Hawaii 96819
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>Jan Head</i> (Signature of Authorizing Officer or Person Represented)	<i>1-29-03</i> (Date)